WAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECOI Effective December 29, 1999									09	16	2533	384	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR			IUMBE	R FILED	NUMBER	EXTRA	RATI		FEE	]	RATE	FEE	
BASIC FEE					100 100	4. 5. 5.	8/4	<u>)</u> 3	345.00	OR	1-1421178	690.00	
TOTAL CLAIMS			6	minus	20= • 44		X\$ 9	= (	396	OR	X\$18=		
INC	EPENDENT CL	LAIMS	11	minus	3= . 2		X39=	. 1	312	OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT									<i>y</i>	OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	10	053	OR	TOTAL		
CLAIMS AS AMENDED - PART II									T/T/	•	OTHER		
	Same of the	(Colun		la esta conse	(Column 2) HIGHEST	(Column 3)	SMAL			OR	SMALL		
AMENDMENT A		REMAII AFTI AMEND	NING ER		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	: TI	NDDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
	Totai	.2	<u> </u>	Minus	64	=	X\$ 9=			OR	X\$18=		
	Independent	NTATION	OF MI	Minus	PENDENT CLAIM	1-CV	X39=			OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									-	OR	+260=		
								T.		OR ,	TOTAL		
		(Colum	nn 1)		(Column 2)	(Column 3)	ADDIT. FE			•			
AMENDMENT B		CLAII REMAII		交通等的	HIGHEST HUMBER	PRESENT		Α	DDI-	[		ADDI-	
		AFTE AMENDI	R		PREVIOUSLY PAID FOR	EXTRA	RATE		ONAL EE		RATE	TIONAL FEE	
	Total	•		Minus	**	= '	X\$ 9=			OR	X\$18=	•	
	Independent	<u>  •                                     </u>		Minus	***	=	X39=			OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
							+130=			OR	+260=		
							ADDIT. FE			OR	TOTAL ADDIT. FEE		
AMENDMENT C		CLAII REMAII AFTE AMENDI	NING ER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIC	DDI- ONAL EEE		RATE	ADDI- TIONAL FEE	
	Total	,		Minus .	**	=	X\$ 9=	T		OR	X\$18=		
	Independent	•		Minus	***	=	-	+					
A	FIRST PRESE	NTATION	OF ML	ILTIPLE DE	ENDENT CLAIM		X39=	4		OR	X78=		
										OR	+260=	:	
•••	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Num	nber Previo	usly Paid	d For" (Total o	r Independent) is th	e highest number f	ound in the	approp	riate box	in col	umn 1.		

FORM PTO-875 (Rev. 12/99) **Application or Docket Number**